

 <div style="text-align: center;"> DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES </div>	DAI Policy #: 500.60.19	Page 1 of 8
	Original Effective Date: 03/07/22	New Effective Date: 03/07/22
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Sarah Cooper, Administrator – 3/7/22	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: COVID (SARS-CoV-2) Immunization and Storage		

POLICY

The Division of Adult Institutions shall make COVID immunizations available to all patients based upon current guidelines from the Centers for Disease Control, Division of Public Health, Department of Health Services and Bureau of Health Services.

REFERENCES

Center for Disease Control and Prevention. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Centers for Disease Control and Prevention -

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>

<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>

<https://www.cdc.gov/vaccines/covid-19/downloads/refrigerator-storage-logger-fahrenheit.pdf>

DAI Policy 500.60.01 – Infection Prevention and Control Program

DAI Policy 500.60.04 – Immunization Program

DAI Policy 500.60.10 – External Reporting of Communicable Disease

DAI Policy 500.60.17 - Significant Exposure Management - Patient

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 P-B-02 – Infectious Disease Prevention and Control

Wisconsin Department of Health Services - <https://www.dhs.wisconsin.gov>

Wisconsin Statutes s. 302.38 - Medical Care of Prisoners

Wisconsin Statutes s. 302.385 - Correctional Institution Health Care

Wisconsin Statutes s. 895.4801 - Immunity for Health Care Providers during COVID-19 Emergency

DEFINITIONS, ACRONYMS AND FORMS

ACP – Advanced Care Provider

BHS – Bureau of Health Services

CDC – Centers for Disease Control and Prevention

CDC - CS321629-E – Pre-vaccination Checklist for COVID-19 Vaccines

CDC - CS321629-I - Temperature Log for Refrigerator Vaccine Storage

COVID-19 – Symptoms may include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell,

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sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Keep someone who is infected with the virus away from others.

DAI – Division of Adult Institutions

DHS – Department of Health Services

DOC – Department of Corrections

DOC 3220 – Refusal of Recommended Health Care

DPH – Division of Public Health, Department of Health Services

DPH F-44702 – Vaccine Administration Record

Droplet Precautions – Precautions intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet Precautions should be implemented for patients with suspected or confirmed COVID for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

EUA – Emergency Use Authorization - Mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic.

HCR – Healthcare Record

HSU – Health Services Unit

Nursing Protocol Manual - Bureau of Health Services, Allergic Reactions

POC-0040 – Infection Control – Hand Hygiene

POC-0040C – Infection Control – Standard Precautions

PPE – Personal Protective Equipment

Social Distancing – Social distancing, also called “physical distancing,” means keeping a safe space between yourself and other people. To practice social or physical distancing, stay at least 6 feet (about 2 arm lengths) from other people in both indoor and outdoor spaces.

Suspected COVID-19 - Symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results.

Standard Precautions – Precautions intended to be applied to the care of all patients regardless of the suspected or confirmed presence of an infectious agent.

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Implementation of Standard Precautions constitutes the primary strategy for the prevention of transmission of infectious agents among patients and staff.

Temperature Monitoring Devices – A device to continuous monitoring and record data such as a Digital Data Logger that monitors high and low temperature ranges to maintain vaccine stability.

VIS – Vaccine Information Statement
(<http://www.cdc.gov/vaccines/pubs/vis/default.htm>)

VAERS – Vaccine Adverse Effects Reporting System
<https://vaers.hhs.gov/esub/EsubController>

WIR – Wisconsin Immunization Registry

Attachment 1 - CDC COVID-19 Vaccine Temperature Log

PROCEDURE

- I. Orders (individual by prescriber) or standing orders from the BHS Medical Director are required.**
- II. A history of allergies or other medical conditions which may contraindicate vaccination shall be taken prior to the administration of immunizations.**
- III. Vaccine Administration**
 - A. Before obtaining consent for vaccine administration, the health care provider shall check:
 1. Health record immunizations.
 2. WIR.
 3. Existing DPH F-44702s.
 - B. Patients shall be informed about the immunization, the virus for which the patient is being immunized, possible side effects and the schedule for future immunizations.
 - C. COVID immunization specific EUA is required by federal law to be provided to the patient prior to administration of the vaccine.
 - D. Patient shall sign the DPH F-44702 prior to administration of the vaccine.
 - E. Document administered immunization on DPH F-44702 and scan into health record in accordance with DAI Policy 500.50.02.
 - F. Patients identified as high risk shall be prioritized when offering vaccine.
 - G. Patients declining vaccinations shall sign a DOC-3220.

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- H. COVID-19 vaccines shall not be given to anyone currently suspected or confirmed to have COVID-19 or are awaiting a test result.
- I. COVID-19 vaccines shall not be given if any other vaccination has been administered within the last 14 days.
- J. Review history of TST/IGRA testing. Defer TST or IGRA until 4 weeks after COVID-19 vaccine completion.
- K. Staff handling the vaccine shall be trained on vaccine storage and handling as directed.
- L. Staff entering data shall be trained on vaccine documentation in WIR.

IV. Patient vaccination groups shall be prioritized according to current DHS, ACIP and BHS guidance

V. Vaccination Ordering

- A. Request initial vaccination dose for PIOC based on current prioritization guidance.
- B. Any additional doses required will automatically be allocated by DHS at the appropriate vaccination interval.

VI. Vaccine Handling and Storage

- A. Handling and storage of vaccines shall be in compliance with DPH policy and recommendations of the CDC.
- B. Vaccines shall not be stored in the refrigerator door. Instead, store in center of refrigerator per vaccination guidance, between 2-8 degrees C or 36-46 degrees F.
- C. Temperature Monitoring Devices such as a digital data logger (DDL) or similar device are recommended along with daily checks.
- D. If using DDL, once logged, reset every morning and person completing check initials.
- E. Monitoring temperatures of refrigerators and freezers storing vaccines shall be completed according to CDC vaccination storage guidelines and recorded on CDC Covid-19 Temperature Log for Refrigerator Vaccine Storage.
- F. Temperatures excursion or outside range for the COVID vaccine requirement shall be sent by email notification to DHSCOVIDVACCINATOR@WISCONSIN.GOV. Label vaccine “do not use” until it is found to be viable.

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G. Place water bottles labeled “DO NOT DRINK” are in door of fridge to keep temperature stable.

H. Vaccine refrigerator shall be plugged directly into an outlet with no power strips use. Use an emergency power source outlet if available.

VII. Vaccination Clinic Prep and Documentation

A. Items required:

1. Vaccination management plan shall be developed by the Health Services Manager.
2. Emergency response items (e.g., AED, oxygen, 3 Epi-pens and vital sign equipment) shall be available in anticipation of medical emergencies associated with vaccinations (e.g., fainting, hyperventilation, anaphylaxis).
3. Anticipate potential for blood borne pathogens due to needle stick exposure. Follow DAI Policy 500.60.17.
4. Security staff shall be assigned to clinic for movement and potential emergency transport.
5. A dedicated area away from contaminants to prepare vaccine.
6. An insulated container with cooling with ability to check temperature every hour, with 8 hour maximum.
7. Laptop, scanner, pens, for documentation of signatures.
8. Syringes, vaccine, alcohol pads, 2x2 gauze pads, sharps container for clinic usage.
9. PPE (e.g., gloves, face shields, masks, hand sanitizer) shall be available.

B. Documentation includes:

1. COVID-19 vaccination order entered into the HCR.
2. Issue EUA prior to giving patient the vaccine.
3. Patient signature on DPH F-44702 consent form.
4. Vaccine Record card (comes with vaccine kit) issue to patient.
5. Beyond Use Date (BUD) = calculation on how long you can use vaccine after vial is punctured or reconstituted. Label with date/initials.
6. COVID vaccine inventory shall be counted daily.
7. Update inventory in WIR and upload to Vaccine Finder on the CDC’s website.
8. Enter expiration date into WIR. Date is obtained after entering barcode into Vial Look-up on manufacturer’s page.

VIII. Receipt of Vaccine

A. Check contents of container against packing slip quality.

B. Enter amount received in WIR Inventory Manager.

C. Non-viable doses or dose discrepancies are entered to WIR Management Inventory within 24 hours of receipt.

D. Order vaccine through WIR Inventory Manager.

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IX. Vaccination Administration

- A. Certain vaccines require diluent. Follow manufacturer recommendation for type and amount of diluent for proper use.
- B. COVID-19 vaccine series shall be administered intramuscularly (IM) in the deltoid muscle.
- C. Specific mRNA COVID-19 vaccines are not interchangeable with other COVID-19 manufacturers' vaccine doses.
- D. Patients with history of anaphylaxis shall be observed for a 30-minute period.
- E. All other patients shall be observed for a 15-minute period.
- F. Provide recipient with COVID-19 vaccination record card and request the patient bring card to their appointment for the second dose.
- G. Patients whose medical history contains absolute contraindications per manufacturer guidelines shall be excluded.

IX. Vaccine Reporting

- A. All Vaccine doses shall be administered within manufacturer guidelines.
- B. Vaccinations administered shall be reported to WIR and reported to BHS for tracking within 24 hours.
- C. Report all wasted or non-usable vaccine in WIR under inventory management and to BHS for tracking.

X. Adverse Events Reporting

- A. Report severe reactions from suspected to be from vaccination to VAERS – Vaccine Adverse Effects Reporting System.
<https://vaers.hhs.gov/esub/EsubController>
- B. Adverse Effects include (list is not inclusive):
 - 1. Vaccine administration errors.
 - 2. Serious adverse events.
 - 3. Cases of Multisystem Inflammatory Syndrome.
 - 4. Cases of COVID-19 that result in hospitalization or death.

XI. The Director of Healthcare Administration shall be responsible for the overall tracking of vaccines needed, ordered, received and administered for PIOC.

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Bureau of Health Services: _____ **Date Signed:** _____
 Vacant, Director of Healthcare Administration

_____ **Date Signed:** _____
 Daniel La Voie, MD, Medical Director

_____ **Date Signed:** _____
 Mary Muse MS, RN, FAAN, Nursing Director

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number:	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: COVID (SARS-CoV-2) Immunization and Storage		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other